



APPLICATION FOR NEW TYPE II GAMING ENDORSEMENT

State Form

ALCOHOL AND TOBACCO COMMISSION

FOR OFFICE USE ONLY

Examined by / date

Permit Number

Issue date

New expiration date

Release date

Fee

Limited Criminal History Check

- INSTRUCTIONS:**
1. Type or print legibly.
 2. Submit in duplicate. Include payment
 3. Do not complete shaded areas.

STEP 1. GENERAL INFORMATION

Name of applicant as printed on existing alcoholic beverage (A/B) permit	A/B Permit Number	A/B Permit Type
Name of Business as on A/B permit (d/b/a)	State Tax I.D. number	A/B Permit expiration date
Business Address (number and street, city, state, ZIP code)	Business Telephone Area / Number () -	
	Home Telephone Area / Number () -	
Mailing address (number and street, city, state, ZIP code)	Status <input type="checkbox"/> Active <input type="checkbox"/> Non-operational / Escrow (Attach escrow letter)	
	County	

1) Are you aware that you are ineligible for a type II gaming permit if you have any outstanding violations with the Alcohol and Tobacco Commission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Do you have a barroom area that is inaccessible to minors and where primarily alcoholic beverages are sold as opposed to food? (If Yes, attach copies of floor plan on 8.5" x 11" paper if applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Are you aware that this type II gaming endorsement allows you only to sell tip tickets, punch boards, pull tabs and conduct drawings and raffles that have been approved by the Alcohol and Tobacco Commission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are you aware that a type II gaming endorsement allows you only to conduct one winner take all drawing per day, one winner take all per week, and one winner take all per month and no winner take all drawing prizes can exceed \$300, including rollovers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Have you been convicted of any misdemeanor or felony? (If Yes, please attach letter with dates, court, conviction, and sentence of conviction)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Are you aware that all gambling games that cost a dollar or more must pay out at least 75% to the winner/winners?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Have all your sales taxes and property tax obligations for the past year and those due at this time been paid in full?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Are you aware that you must keep accurate financial records of your type II gambling and you cannot co-mingle those records with your alcoholic beverage or food sales and those records must be stored at the permit premise for 4 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Are you aware that the total prizes awarded for any tip ticket, punch board, or pull tab game cannot exceed \$5000?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Are you aware that engaging in illegal gambling or gaming not approved by the Alcohol and Tobacco Commission could result in the loss of the type II gaming endorsement and/or your alcoholic beverage permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEP 2. BUSINESS OWNERSHIP

Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole ownership	CORPORATIONS ONLY
Note: If the ownership has changed (by death, transfer or sale of stock or interest, etc.) since you last applied for renewal, the processor should be notified at once before completing this section.	
Provide the information for the individuals associated with your permit as follows: (Attach a list if more space is required.) CORPORATION - President, secretary, and all stockholders (list total shares authorized / issued and individual shares held and percent of shares issued) LIMITED LIABILITY COMPANY - All members and percent of interest held LIMITED PARTNERSHIP / PARTNERSHIP / LIMITED LIABILITY PARTNERSHIP - All partners and percent of interest held SOLE OWNERSHIP - Owner	

TITLE	NAME AND HOME ADDRESS	*SOC. SEC. NO. & DOB	SHARES OR INTEREST HELD IF APPLICABLE	%
		SSN		
		DOB		
		SSN		
		DOB		
		SSN		
		DOB		

STEP 4. OPERATION INFORMATION

As the owner will you be the individual conducting the type II gaming and maintaining the records?

☐ Yes☐ No

If the owner is not directly responsible for the type II gaming the Alcohol and Tobacco Commission requires that a manager be responsible.

The Alcohol and Tobacco Commission has the following requirement for managers:

- They must have been an Indiana resident for 5 years or work in a restaurant with a minimum of \$100,000 annual food sales;
- They must be a United States citizen or resident alien;
- They must be of sound mind, 21 years of age and of good moral character;
- They cannot be a law enforcement officer; and
- They cannot have a conviction within the last 10 years of an A, B or C felony, in any state, or a federal crime with a sentence of at least one year.

Do you understand the requirements and attest that the managers listed below meet these qualifications? _____ (initial)

The Alcohol and Tobacco Commission requires managers as follows:

- At least *one* for each permit premise;
- The manager must have an employee permit unless he or she is a sole proprietor, partner or stockholder
- The manager is someone who has day-to-day authority over:
 1. employees that hold employee permits (*i.e. bartenders, servers*);
 2. the receipt, inventory, stocking, and marketing of alcoholic beverages;
 3. the premises, in the event of an emergency.
 4. the financial records and operation of type II gaming.

LIST THE MANAGERS FOR THIS PREMISE (ENCLOSE AN ADDITIONAL SHEET IF NECESSARY)

NAME	EMPLOYEE PERMIT # or OWNERSHIP TYPE	EMERGENCY TELEPHONE NUMBER

STEP 3. AFFIDAVIT OF APPLICANT

I certify that there have been no changes regarding my previous application except those noted herein. I certify that this application was completed by myself.

I certify that my premise ownership is true and that I will provide a copy of any applicable lease, deed or contract upon request of the Commission.

I certify that I have met any applicable food and beverage sales requirements. I certify that all information provided herein and on any attached schedules or documents are true and correct. **I UNDERSTAND THAT IT IS A FELONY UNDER LAW TO MISREPRESENT OR****FALSIFY ANY PORTION OF THIS APPLICATION OR ATTACHED DOCUMENTS.**

Printed name of applicant

Signature of applicant

Date (*month, day, year*)**STEP 4. FEE**Please remit business, certified checks, or money order - **no personal checks** - application will not be processed without payment **Submit in duplicate** and**Initial Issuance Fee = \$250****Renewal Fee = Will be determined by your adjusted gross revenue for the following year****MAIL TO:**INDIANA ALCOHOL & TOBACCO COMMISSION
302 West Washington Street, Room E114
Indianapolis, Indiana 46204